

BUSINESS SERVICE REQUEST FORM

Please complete this form for <u>each</u> position that you have available.

DATE:	FEDERAL TAX ID:	
COMPANY NAME:	WEBSITE:	
ADDRESS:		
(WORKSITE ADDRESS IF DIFFERENT):		
CONTACT NAME:		
CONTACT PHONE:		
CONTACT E-MAIL ADDRESS:		
Are you a private employment agency or staffing agency?	? YES NO	
JOB DESCRIPTION: (Please include a copy of the Job Description)		
POSITION TITLE:		
NUMBER OF POSITIONS AVAILABLE: TARGET START DATE:		
WEEKLY WORK HOURS: 20-30 hours 30	0-40 hours	Other
SPECIFIC WORK SCHEDULE:		
SALARY RATE(OR RANGE):		
PERM TEMP TE	MP-TO-PERM 🔲	SEASONAL
PUBLIC TRANSPORTATION ACCESSIBILITY YES NO NO		
IF SCREENINGS ARE REQUIRED, SELECT ALL THAT APPLY:		
CREDIT DRUG MVR	BACKGROUND OT	HER

WorkSource DeKalb is an equal opportunity program. Auxiliary aids/services are available upon request to individuals with disabilities. Persons with hearing impairments, all voice telephone numbers may be reached using TTY/TDD equipment via the Georgia Relay Services at 1-800-255-0135. WSD is fully funded by the U. S. Department of Labor and is a proud partner of the American Job Center Network.

Please return form to: jbblack@dekalbcountyga.gov